

## AIRWAY MANAGEMENT PROBLEMS

### **Mucous Obstructed Tracheostomy:**

#### **ACTION/TREATMENT:**

- If inner cannula in place -- remove.
- Attempt to suction.
- Instill 5 ml normal saline into tracheostomy (use 10 or 12 ml syringe without needle) upon patient inspiration.
- Suction.

### **Expelled Tracheostomy Tube:**

#### **ACTION/TREATMENT:**

- Suction if necessary.
- Insert nasopharyngeal airway into stoma to maintain patency.
- Clean tracheostomy tube using patient supplies such as soap and water and/or hydrogen peroxide.
- Remove nasopharyngeal airway.
- Reinsert tracheostomy tube.
- Secure anchor ties of tracheostomy tube around neck.

### **Respiratory Arrest in Stoma Patient:**

#### **ACTION/TREATMENT:**

- Suction stoma to ensure patent airway.
- Select proper size endotracheal tube.
- Test cuff inflation prior to use.
- Lubricate endotracheal tube with lubricating jelly.
- Insert tube into stoma.
- Ventilate and auscultate for bilateral breath sounds.
  - If breath sounds absent on one side, pull back on ET tube and reassess.
- Inflate cuff with minimum amount of air (3-5 ml).
- Ventilate and auscultate bilateral breath sounds.
- When bilateral breath sounds noted, ventilate using 100% oxygen.

### **Airway Obstruction in the Unconscious Patient:**

#### **ACTION/TREATMENT:**

- If BLS methods are unsuccessful in relieving the airway obstruction, visualize airway with laryngoscope and remove visible foreign body using Magill forceps.

Shaded text indicates BH order  
Unshaded text indicates standing order

Approved:

TX Guide98:medical:m-10:01f  
Implementation Date: 12/15/99